

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 10/518625	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	14	14	14	14	14	14
TOTAL DEP.	15	15	15	15	15	15
TOTAL CLAIMS	15	15	15	15	15	15

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.	14	14	14	14	14
TOTAL DEP.	15	15	15	15	15
TOTAL CLAIMS	15	15	15	15	15

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS